



ADMINISTRATIVE POLICY AND PROCEDURE

Policy #:	1421	
Subject:	Hearing Aid Coverage	
Section:	Care Management	
Initial Effective Date:	10/18/2018	
Revision Effective Date(s):		
Review Effective Date(s):		
Responsible Parties:	Inna Kats	
Responsible Department(s):	Utilization Management	
Regulatory References:	MDH Communication Dated 08/24/2018: https://mmcp.health.maryland.gov/epsdt/EPSDT%20Resources/Clinical%20coverage%20criteria_hearing%20amplification%20finalized%208%2024%202018.pdf	
Approved:		
	Theresa Bittle, RN AVP, Clinical Operations	Patryce A. Toye, MD Chief Medical Officer

Purpose: To define the criteria and limitations established for the use of hearing aids in members with hearing loss.

Scope: MedStar Family Choice, Maryland

Policy: It is the policy of MedStar Family Choice (MFC) to authorize hearing aids when it is medically necessary and the criteria outlined below is met. Requests that do not specifically meet the criteria may be submitted with supporting medical records, articles from literature, etc. and will be reviewed by a Medical Director for a medical exception.

A. Medical Description/Background:

Most hearing impairments can be helped with a modern hearing aid. Children and motivated independent adults whose hearing loss interferes with school or work are good candidates for hearing aids. Hearing loss may be classified into three types:

- a. Sensorineural: involving the inner ear, cochlea, or the auditory nerve.
- b. Conductive: involving any cause that in some way limits the amount of external sound from gaining access to the inner ear. Examples include cerumen impaction, middle ear fluid, or ossicular chain fixation (lack of movement of the small bones in the ear).
- c. Mixed loss: a combination of conductive and sensorineural hearing loss.

B. Definitions:

1. Degree of hearing loss, as published by the American Speech-Language-Hearing Association: dB HL = decibels hearing level

Degree of hearing loss	Hearing loss range (dB HL)
Normal	-10 to 15
Slight	16 to 25
Mild	26 to 40
Moderate	41 to 55
Moderately severe	56 to 70
Severe	71 to 90
Profound	91+

Source: Clark, J. G. (1981). Uses and abuses of hearing loss classification. *Asha*, 23, 493-500.

2. Pure Tone Average (PTA): average of hearing threshold levels at a set of specified frequencies.
3. Statutory blindness: As defined in Sections 216(i)(1) and 1614(a)(2) of the Social Security Act, a central visual acuity of 20/200 or less in the better eye with the use of a correcting lens.

C. Indications for Hearing Aids:

1. Children Under 21 Years of Age:
 - a. Bilateral or unilateral hearing aids when all of the following criteria are met:
 - i. The participant has a hearing loss of 25 dB HL or greater; and
 - ii. Hearing aid(s) recommended and fitted by an audiologist; and
 - iii. For initial hearing aid(s), written medical clearance is obtained from a physician who has performed a medical examination within the past 6 months.

2. Adults 21 Years of Age and Older:
 - a. Unilateral hearing aids when all of the following criteria is met:
 - i. The participant has a pure tone average threshold of 40 dB HL or greater at 500, 1,000, 2,000 and 3,000 Hz in the better ear; and
 - ii. Documentation that patient is alert and able to utilize their aid appropriately; and
 - iii. Hearing aid is recommended and fitted by an audiologist; and
 - iv. For initial hearing aid, written medical clearance from a physician who has performed a medical examination within the past 6 months.
 - b. Bilateral hearing aids when criteria for unilateral hearing aids are met, and when one of the following criteria is met:
 - i. The participant has visual impairment meeting the definition of statutory blindness; or
 - ii. The participant is a previous successful bilateral hearing aid user as a child under 21 years of age and meaningful objective benefit to the participant over unilateral amplification can be documented; or
 - iii. The participant demonstrates significant hearing-related disability in educational or vocational settings with a unilateral aid and meaningful objective benefit from bilateral aids can be documented.

D. Acceptable Hearing Aids:

1. Hearing aids of all types listed in audiology services fee schedule and FDA approved.

E. Limitations/Exclusions:

1. Auditory Osseointegrated Devices or Bone Integrated Hearing Aids (BAHA): MFC follows separate Interqual Criteria for the devices integration procedures.
2. Cochlear Implants: MFC follows separate Interqual Criteria for the devices implantation procedures.
3. Replacement of hearing aids if the existing devices are functional, repairable, and appropriately correct or ameliorate the problem or condition.
4. Replacement of improperly fitted ear mold(s) unless the replacement service is administered by someone other than the original provider and the replacement service has not been claimed before.
5. Additional professional fees and overhead charges for a new hearing aid when a dispensing fee claim has been made to the program.
6. Loaner hearing aids.
7. Hearing aids that are not FDA approved will not be considered.

8. Hearing aids that are not on audiology fee schedule.

F. Information Required for Hearing Aids Review:

1. Audiologist evaluation including audiogram.
2. For initial hearing aid, written medical clearance from a physician who has performed a medical examination within the past six months.

References:

Clark, J.G. (1981). Uses and abuses of hearing loss classification. *Asha*, 23, 493-500.

The Social Security Act, as defined in Sections 216(i)(1) and 1614(a)(2):

https://www.ssa.gov/OP_Home/ssact/ssact-toc.htm

MDH Clinical Coverage Criteria; Hearing Amplification; August 24, 2018:



MDH Clinical
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https://mmcp.health.maryland.gov/epsdt/EPSDT%20Resources/Clinical%20coverage%20criteria_hearing%20amplification%20finalized%208%2024%2018.pdf

Summary of Changes:	10/18: <ul style="list-style-type: none">• New policy.
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